

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

SERIAL NO.

09/702374

FILING DATE

APPLICANT(S)

	8-10-04		3-16-05	
	IND.	DEP.	IND.	DEP.
1	1		1	
2		1		1
3		1		1
4		1		1
5		1		1
6		1		1
7		1		1
8		1		1
9		1		1
10		1		1
11		1		1
12		1		1
13		1		1
14		1		1
15		1		1
16		1		1
17		1		1
18		1		1
19		1		1
20		1		1
21		1		1
22		1		1
23		1		1
24		1		1
25		1		1
26		1		1
27		3		3
28		3		3
29		3		3
30		3		3
31		3		3
32		3		3
33		3		3
34		3		3
35		3		3
36		3		3
37		3		3
38		3		3
39		3		3
40		3		3
41		3		3
42		3		3
43		3		3
44		3		3
45		3		3
46		3		3
47		3		3
48		3		3
49		3		3
50		3		3
TOTAL IND.	0		0	
TOTAL DEP.		0		0
TOTAL CLAIMS				

CLAIMS

	8-10-04		3-16-05	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
57				
58				
59		1		1
60		1		1
61		1		1
62		3		3
63		3		3
64	1		1	
65		1		1
66		1		1
67		1		1
68		1		1
69		1		1
70	1		1	
71	1		1	
72	1		1	2
73		7		1
74		1		1
75		1		1
76		1		1
77		1		1
78		1		1
79		1		1
80		1		1
81		1		1
82		1		1
83	1		1	
84	1		1	
85			1	
86			1	
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.	7		9	
TOTAL DEP.		120		120
TOTAL CLAIMS	127		129	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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